## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09880757

| CLAIMS AS FILED - PART I   |  |   |              |                                    |                              |                  | SMALL ENTITY  |                |                        |         | OTHER THAN          |                        |
|--|--|---|--------------|------------------------------------|------------------------------|------------------|---------------|----------------|------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS   |  |   | (Column 1)   |                                    | (Column 2)                   |                  | TYPE          |                |                        | OR      | SMALL               | ENTITY                 |
| TOTAL CLAIMS   |  |   | G.           |                                    |                              |                  |               | Έ              | FEE                    |         | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED |                                    | NUMB                         | ER EXTRA         | BASIC         | FEE            | 355.00                 | OR      | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20=    |                                    | * 0                          |                  | X\$ 9         | <del>)</del> = |                        | OR      | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | / minus 3 =  |                                    | . 0                          |                  | X40           | )=             |                        | OR      | X80=                |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT       |                                    |                              |                  |               | 5=             |                        | OR      | +270=               | 270                    |
| * If the difference in column 1 is less t  |  |   |              | s than zero, enter "0" in column 2 |                              |                  |               | AL.            |                        | OR      | TOTAL               | 810                    |
|  | CI   | LAIMS AS A                                | MENDED       | MENDED - PART II                   |                              |                  |               |                |                        | •       | OTHER               | THAN                   |
| (Column 1) (Column 2) (C   |  |   |              |                                    |                              |                  | SMA           | LL             | ENTITY                 | OR      | SMALL               | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                       | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RAT           | E              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                                 |                              | =                | X\$ 9         | )=             |                        | OR      | X\$18=              |                        |
| AME  | Independent                                    | *   | Minus        | ***                                | T CL ANA                     | =                | X40           | =              |                        | OR      | X80=                |                        |
|  | PIRST PRESE                                    | NTATION OF MI                             | JLIIPLE DEP  | ENDEN                              | CLAIM                        |                  | +135          | <u>;</u> =     |                        | OR      | +270=               |                        |
|  |  |   |              |                                    |                              |                  |               | TAL            |                        | OR      | TOTAL               |                        |
|  |  | (Column 1)                                |              | (Colu                              | mn 2)                        | (Column 3)       | ADDIT.        |                |                        |         | ADDIT. FEE          |                        |
| _  |  | (Column 1)<br>CLAIMS                      |              | HIGH                               | HEST                         | (Column 5)       | J*****        |                | ADDI-                  |         |                     | ADDI-                  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVI                              | BER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA | RAT           | Ε              | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE          |
|  | Total  | *   | Minus        | **                                 |                              | =                | X\$ 9         | =              |                        | OR      | X\$18=              |                        |
|  | Independent                                    | *   | Minus        | ***                                |                              | =                | X40           | =              |                        | OR      | X80=                |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                    |                              |                  |               |                |                        | OII     |                     |                        |
|  |  |   |              |                                    |                              |                  | +135          |                |                        | OR      | +270=               |                        |
|  |  |   |              |                                    |                              |                  | TO<br>ADDIT.  | TAL<br>FEE     |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                |              |                                    | mn 2)                        | (Column 3)       |               |                | The same a             |         |                     |                        |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT          |              | NUM<br>PREVI                       | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RAT           | E              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                                 |                              | =                | X\$ 9         | )=             |                        | OR      | X\$18=              |                        |
| ME   | Independent                                    | *   | Minus        | ***                                |                              | =                | X40           |                |                        |         | X80=                |                        |
| A  | FIRST PRESENTATION OF MULTIPLE DEPEND          |   |              |                                    | T CLAIM                      |                  | 740           | _              |                        | OR      | X00=                |                        |
|  |  |   |              |                                    |                              |                  | +135          | )=<br>         |                        | OR      | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT. FEE  ** ADDIT. FEE |  |   |              |                                    |                              |                  |               |                |                        |         |                     |                        |
| **   | *If the "Highest Nu<br>The "Highest Nun        | ımber Previously F<br>nber Previously Pa  |              |                                    |                              |                  | r found in th | ie api         | propriate bo           | x in co | lumn 1.             |                        |